

Reliance Community Care Limited

Carlton House

Inspection report

28 Regent Road
Leicester
Leicestershire
LE1 6YH

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 7 July 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit because we wanted to be sure someone in the office would be in and available to speak with us.

Carlton House provides personal care to people living in their own homes in Leicester and Leicestershire. Care is provided to people with a range of needs, including physical disabilities and complex health conditions. 26 people were using the regulated service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that the service provided to them was safe. Staff had been provided with the knowledge to protect people from harm and knew what actions to take in line with safeguarding procedures. Potential risks to people had been assessed, such as risks associated with people's health conditions and their living environment. Risk assessments recorded the measures in place to manage the potential risks.

Staff had undergone a robust recruitment process before they worked with people who use care services. Staff had received induction and training that equipped them to support people safely. All staff were supported through unannounced spot checks, supervisions and observations of working practices.

People were prompted to take their medication where their plan of care had identified that the person required support from staff. We found people's medicines were managed safely.

People made decisions about their care and support needs. The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). Care staff sought consent before they helped people and respected people's choices and decisions.

People's care plans reflected the support they required including support to meet their health and nutritional needs. This helped to ensure people received effective care which recognised and promoted their independence.

People did not always receive consistency in care from all staff and care was not always provided in a timely way. People told us of the impact that frequent late calls had on their care and well-being. The provider was aware of people's concerns and had already begun to make improvements to staff timekeeping and consistency in care staff.

People's care plans were person centred, detailed and written in a way that described their individual care, treatment and support needs in detail. These were regularly evaluated and updated. People using the service and those who were important to them were actively involved in deciding how they wanted their care, treatment and support to be delivered.

People and their relatives were confident to make a complaint or express concerns to the registered provider. The provider's complaints procedure required updating to include relevant internal and external contact details to support people to pursue their complaint.

There were systems in place to enable staff to feedback on people's needs and support people and their relatives to share their views on the care they received. We found the registered provider had systems in place to monitor the quality of the service and drive the improvement and development of the service. People and staff told us and records confirmed that regular home visits were carried out by the management team who checked on their well-being and monitored the care provided by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives told us they felt safe in the service. Staff had a good understanding of safeguarding adults and how to report concerns. Risk assessments provided detailed guidance for staff to manage and respond to potential risks to people and their environment.

Is the service effective?

Good ●

The service was effective.

People were cared for staff who had training, skills and knowledge to meet people's needs. Staff said they were well supported to carry out their role. The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). People were supported to access health professionals when required and their care and support was continually monitored and promoted.

Is the service caring?

Good ●

The service was caring.

People told us the staff were caring, kind and supportive. People were treated with dignity and respect. People were involved in making decisions about their personal care needs and in the development of their care plans.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People and their relatives told us that people's care was not always provided in a timely manner due to late or missed calls. People's needs had been assessed when they started using the service. People had been involved in developing their care plan. People and relatives were confident to make a complaint. The provider's complaints procedure needed to be updated to provide people with internal and external contact details to ensure they were clear on how they could complain.

Is the service well-led?

Good 

The service was well-led.

A registered manager was in post who provided staff with clear leadership and support. The provider undertook audits to check the quality and safety of the service, which included seeking the views of those who used the service.

Carlton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with six people who used the service and seven family members. We also spoke with the registered manager, quality manager, care administrator and three care staff.

We looked at care records for five people who used the service, including medicines records and care plans. We also looked at training and recruitment files for four staff, key policies and procedures and other records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "The way they [staff] operate makes me feel safe. They [staff] know what they are doing and generally seem very confident. They always make sure I have had my tablets." Another person told us, "I'm pretty unsafe when walking and they [staff] make me feel more safe by having a hand round my back to steady me as I'm walking." A relative told us, "I definitely feel my family member is safe with the staff. They are very careful and caring. They always check and make sure my family member is okay."

We found people were protected from risks associated with their care because the provider followed safe guidance and procedures in accordance with best practice. We looked at people's care records which included their care plan and risk assessments. We saw that people had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes. Assessments also included risks relating to the individual such as assisted transfers, risks of skin pressure damage and use of equipment, such as a hoist. Risk assessments provided detailed step-by-step guidance on the action staff needed to take to identify and manage risk whilst meeting people's needs. Assessments included what the person was able to do for themselves, description of equipment to be used and how the person preferred their support to be provided to make them feel safe. Staff we spoke with demonstrated that they were aware of risks and told us they had read people's risk assessments to enable them to support the person to manage potential risks.

We saw that the provider had ensured people were kept safe by reviewing and updating risk assessments. For example, we saw that one person had declined the use of equipment which had been assessed to keep them safe. Care records showed that the provider had consulted with the person and health professionals and reviewed and updated the person's risk assessment to reflect their choice. Guidance in the person's risk assessment enabled staff to support the person safely whilst respecting their choice and wishes.

Staff demonstrated that they had a good understanding of safeguarding and how to report concerns. They were able to describe the various types of abuse, including potential warning signs to look out for. For example, changes in the person's behaviour or unexplained bruising. Staff were able to explain how they would report their concerns including where they could go if they felt the provider was not responding to their concerns. Staff told us and training records confirmed staff had undertaken training in safeguarding adults which gave them the information they needed to protect people from abuse.

We looked at recruitment records for four staff. We found that the provider had carried out background checks during recruitment to ensure staff were suitable and safe to provide services to people in their own homes. Checks included previous employment, proof of identity and a check with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions.

The provider had procedures in place to ensure people received their medicines as prescribed. We saw that people had signed to give their consent to the level of support they needed to manage their medicines. One person told us how they had taken too many tablets recently as they were confused about their medicines.

They were able to tell us how the care staff supported them to sort their medicines out and that they now received extra support from care staff to ensure they took the right amount of medicines. Medicine records that we saw supported the safe management of medicines and this was confirmed by people and staff. Care records included details of people's prescribed medicines and the support they needed to manage their medicines. Staff told us they had undertaken training in supporting people with their medicines and this was confirmed in staff training files. Staff told us the training provided them with the knowledge and skills they needed to support people safely. One staff member told us, "I prompt people to take their medicines. Sometimes they can forget, so I just prompt them and make sure they have taken their medicines as they should." This meant that people could be confident that staff had the skills and knowledge to support them to manage their medicines safely.

The provider had a policy in place to promote good infection control by staff. People told us and staff confirmed that staff had continual access to the required personal protective equipment (PPE) such as disposable gloves and aprons. People and relatives who we spoke with told us that staff always wore protective clothing as required. One person told us, "Yes, they [care staff] always wear gloves and aprons. They always have a supply of them." This showed the provider had considered infection control issues in people's homes and had taken action to minimise the risks when required.

The provider had a system for logging and investigating incidents and accidents. We viewed these records and saw that an investigation report was written for each incident, including details of any injuries which were recorded using a body map. Records included the action taken to resolve the incident or reduce risk, such as referral to an external professional. The provider collated information into monthly reports which enabled them to identify and respond to any trends or patterns in incidents.

Is the service effective?

Our findings

People told us they were confident in the support they received from staff. People and their relatives told us that staff were usually experienced and new staff were introduced and inducted by working alongside experienced staff. One person told us, "They [staff] know what they are doing and generally seem very confident."

The registered manager told us that that staff had the training they needed to meet people's needs. New staff were supported to undertake the Care Certificate during their workplace induction. This is a national qualification that supports care staff to develop the skills, knowledge and behaviours to provide quality care. Staff told us the provider supported them to gain the skills and knowledge they needed to meet the needs of people who they cared for. One staff member told us, "I was new to care when I started. I undertook induction training which gave me all the training I needed to do my job and included shadowing senior staff before I started to support anyone on my own. My manager makes sure my training is kept up to date." Another staff member told us, "My induction included care values, medication and practical training such as using a hoist and supporting a person with a peg-feed. I learnt a lot and had three days shadowing an experienced member of staff to learn about the people I was supporting before I started working with them." We looked at staff training records which showed all staff had undertaken training to meet the needs of people they supported and that training was kept up to date. This meant that people could be confident that staff had the skills and knowledge to provide effective care.

Staff received regular monitoring and supervision from senior staff and the quality manager. The quality manager and senior care staff carried out monitoring and supervision visits with each member of staff. This involved monitoring of staff working practices in people's homes and reviews of care records that staff completed, such as medicine administration and daily notes. We looked at a sample of records which showed that monitoring and supervision was regularly carried out for staff. Staff received feedback on how their work was appraised and areas for further development to improve the quality of care they provided. The quality manager confirmed that they carried out a follow up observation of working practices for staff who required development in their working practices. Staff confirmed that they felt supported in their roles. One staff member told us, "If I am struggling with anything, the team leader will work a shift with me to support me until I feel more confident." Another staff member told us, "The [quality] manager undertakes spot checks to make sure I have understood my training and doing things correctly. They [manager] makes sure I know what I need to know."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act.

We checked whether the service was working within the principles of the MCA. One person told us, "They

[staff] always give me choices such as they will ask me what I want for breakfast or how I want to be helped." A staff member told us, "I support people to make decisions for themselves. I never force decisions on people." Care records showed that mental capacity assessments were carried out for people who needed them. Staff understood the importance of enabling people to make their own decisions.

Staff told us they would always ask people's permission before providing care. One staff member said, "I always check that the person is okay with what I am doing and they are comfortable with my help. If the person tells me they don't like something, I respect this, record it and report it to the office so that they can discuss with the person and make any changes to the care plan." Another staff member was able to describe how they respected a person's right to decline care and treatment. They described how they responded to this by discussing it with the person to ensure they were clear on their decision and informing the office to review the care plan and update the person's care records. Care records showed that people had been consulted about their care and had recorded their consent to the level of support they needed and the care and treatment they received. This showed people's rights to make informed choices were protected and supported.

People who needed help with the preparation of their meals and drinks spoke positively about the support they received from staff. One person told us, "Staff always ask me what I want to eat each day." Staff demonstrated that they understood the importance of supporting people to maintain their nutritional well-being by providing meals in line with their preferences and supporting them to stay hydrated, for instance leaving flasks of fluid available in between care visits. Information about people's dietary requirements and preferences were detailed in their care plans. This ensured people were able to eat food and drinks they enjoyed which met their healthcare needs.

People and their relatives told us that staff supported people to maintain their health and well-being. One relative told us that their family member had an accident and staff had monitored their recovery, including communicating any subsequent bruising. The relative told us they appreciated this to ensure their family member's health and well-being. One person told us, "A couple of times they [staff] have found me on the floor and have telephoned for medical help and stayed with me to make sure I am okay." We saw care records which showed how staff and the provider contacted relevant health professionals if they had concerns over people's health care needs and outcomes were recorded in people's care plans. This meant that people were supported to access relevant services to manage their individual health conditions effectively.

Is the service caring?

Our findings

People were happy with the care they received from the service. One person told us, "They [staff] are always so happy when they come and that makes me feel safe and cared for." Another person told us, "They [staff] are absolutely brilliant. I can't really grumble about anything." A relative told us, "The carers have a banter with [name] who responds well to this. They [staff] speak to [name] with respect and kindness and are always gentle." Relatives spoke positively about staff spending quality time with people. One relative told us, "They [staff] spend time to sit and talk with my family member. They are very nice and although [name] lives with dementia, they talk to [name] in a way that encourages [name] to communicate back with them."

People and their relatives told us they had developed good relationships with staff. The provider had recently changed how staff were allocated to people so that people had a group of between four to five staff rather than individual staff. Some people told us they found this unsettling as they had had the same staff for some time and found it difficult to adjust to new staff. The provider told us they had made changes to improve consistency in staff cover during holiday leave. They said they tried to ensure that people's preferred care staff were part of the group allocated to the person. The provider also told us that staff always worked alongside experienced staff and were introduced to people before they started to support them. This helped to reduce people's anxiety about changes and provide consistency in the care people received.

Staff told us that introduction meetings helped them to know about people's needs and special requirements. They told us they enjoyed their work in looking after people. One staff member said, "I like to support people to remain in their own homes where they have freedom and control over what they want to do and who comes into their home. I enjoy helping people to stay comfortable."

People told us they received a folder which contained a copy of the service user guide and their care plan. There was also a range of information about the service including the types of care and support provided, what people could expect from care staff, how people's views would be sought and how to report concerns or make a complaint.

We asked people and their relatives about their involvement in their care plan. One relative told us, "The care plan was driven by my family member and we did feel included when it was done." Another relative told us, "I was impressed with the care plan initially. They [registered manager] asked us what we wanted rather than telling us what to do. They do document everything well every day."

Care records we looked at contained information about people's interests, backgrounds, their likes and dislikes. The daily care notes completed by the staff showed people made daily decisions about their own personal care. Staff we spoke with were knowledgeable about people's needs. They were able to describe people's interests and preferences in detail. This showed staff had spent time with people getting to know the person and their interests.

The staff we spoke with explained how they maintained the privacy and dignity of the people they cared for. They explained how they were aware of the need to maintain and support people's privacy when they were

supporting them in their own homes. One staff member said, "I am always aware I am in someone else's home and I make sure I knock on doors and announce myself. I make sure doors and curtains are closed and the person is covered if I am supporting them with their personal care." This was consistent with what people and their relatives told us. One person told us, "They [staff] always keep me covered when supporting me on the bed to keep my privacy and put a sheet over me to keep me warm." Another person told us, "They [staff] treat me with respect and call me by the name I have asked." One relative said, "They [staff] don't talk down to my family member and treat them with respect."

People were supported to be as independent as possible. Staff described how they promoted people's independence through encouraging people and knowing when to provide support and when to take a step back. One staff member told us, "I let people do as much as they can for themselves and only step in if they need me to or I can see that they are struggling. Sometimes that will be a physical prompt and sometimes just a verbal prompt if they have forgotten something." Care plans provided detailed guidance for staff to support people to maintain their independence.

Is the service responsive?

Our findings

People told us staff were not always on time or reliable. Five people and their relatives who we spoke with told us that timekeeping was a problem. Comments included, "I recently had an appointment and they [staff] hadn't turned up so I had to get myself ready. When I contacted the office to tell them the carer hadn't turned up, they just told me they would cancel the visit. They [staff] rarely telephone to say they are going to be late," "The managers seem to change the time of my call and often come later than we agreed without letting me know. It's difficult as I get tired and need my call to be on time." A relative told us, "One morning only one carer turned up for what should be a double-up call so my family member couldn't be washed properly. The carer didn't know why the other staff member hadn't turned up and didn't telephone anyone at the office whilst they were with us. The next carers came on time though." Another relative told us, "The timings of calls seems to be getting worse. They [staff] have been very late turning up which concerns the carers. They [staff] don't often telephone us to say they will be late and this impacts on my family member getting to their appointments on time."

People and their relatives felt that some carers were more responsive to their needs than others. One person told us, "I have the same group of about three-four carers and so I have got used to them." Another person told us, "I have different carers a lot. I never know who is coming and they can be late which stops me from going on my activities. Most of the carers are lovely. They are there for you and when I need help they really look after me, although some carers are more thorough than others." A relative told us that some care staff were more responsive to their family member's needs than others and that the lack of consistent care was frustrating. People told us they had been involved in the development of their care plans and confirmed the support provided was as agreed. People told us they had consistent carers before the provider had changed allocated care staff and this meant they were getting to know new staff. This meant that people were at risk of receiving care that was not responsive to their needs.

We raised people's concerns about consistency in carers and poor time-keeping with the provider. They told us they were aware of people's concerns and had taken action to make improvements. For example they showed us that they were in the process of installing electronic monitoring which would alert administration staff to late or missed calls and enable them to respond to ensure people received their calls. They also told us they had begun to monitor care visits with staff to ensure they had enough time to meet people's needs and sufficient travel time to get to their next call to enable them to be on time. The provider was in the process of consulting with people to introduce a 30-minute grace period either side of people's agreed time to allow for unexpected delays such as emergencies and traffic. Staff confirmed that staff who were new to a care visit were always introduced and worked alongside experienced carers to learn about people's needs and preferences.

People were involved in the assessment and planning of their care. Relatives were also involved in care planning where people consented to this, or where they lacked capacity to consent and it was in their best interests to involve relatives. People were supported and empowered by the registered provider and senior staff to make decisions about how they would like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the provider and the person using the service. We saw

examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

Care records showed that some people had very complex needs and their support needed to be extensive and detailed. The assessments we looked at provided suitably detailed information about each person's health condition. We looked at examples of how people's needs were to be met and found every area of need had clear descriptions of the actions staff were to take. This included their health and social care needs. For instance, for people who needed assistance to transfer their position to reduce the risk of pressure areas developing. We saw that the care plan included how the person liked to be supported, signs that the person was at risk and how staff should respond to enable the person to manage their health condition. The care plans we looked at had detailed guidance to support staff practice and included people's personal preferences, likes and dislikes.

Care plans were reviewed and we saw that care records, such as risk assessments, were updated to reflect changes in people's needs. People confirmed they were involved in the review of their care. One person told us, "They [staff] always document and review everything. They telephoned me recently to arrange a review of my care plan." Three relatives who we spoke with felt that the service had not reviewed their family members needs in a timely way. Comments included, "The plan was set up two months ago but hasn't been reviewed yet." and "There had been no review of the care plan yet and my family member has changed a bit." Relatives confirmed that staff were knowledgeable and responsive to their family member's current needs and recorded any changes in daily care notes.

The provider had a complaints policy and procedure and this was available to people in the service user guide. We saw that the provider's complaints procedure needed to be updated to include relevant internal and external contact details to support people to make a complaint. This meant that the provider had not always been clear with people about who to make a complaint to. We raised this with the provider who told us they would amend the procedure following our inspection and provide people and their relatives with an up to date copy.

People who used the service and their relatives told us they felt comfortable raising concerns with the provider and found them to be generally responsive in dealing with any concerns raised. One person told us how they had made a complaint to the provider who had taken steps to resolve their concerns to their satisfaction. They told us, "I know all about the official complaints procedure but it was all sorted out." One relative told us, "I do not know about the complaints procedure but would be happy to telephone the office if there was a problem." Complaints records that we saw showed that the provider had responded to people's concerns and complaints in line with their procedures, including investigations and providing people with an outcome to their complaint. Staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the provider. The provider saw concerns and complaints as part of driving improvement and identified learning outcomes as complaints were concluded.

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service. Relatives' comments included, "I do feel the staff are well-led and they generally seem quite happy in their work," and "The carers never say anything negative about the management and speak positively of their training and development." Two relatives who we spoke with felt that communication and organisation needed to improve in the office to support the provision of care, for example call schedules. One relative told us, "The administration and management side can let it down a bit." The registered provider showed us that they were making improvements to call schedules and administration through the electronic system which they were in the process of implementing. They told us all key administration staff had undertaken training in the system and were in the process of updating data ready to use the system. This showed that the provider had responded to people's concerns and made improvement to the quality of care provided.

The service had a clear leadership structure which staff understood. Staff told us the registered manager was approachable and receptive to their views. The registered provider was also the registered manager and involved in the day to day running of the service. They were supported by a quality manager, administration staff and team leaders who directly supervised and monitored staff. This meant staff were clear on the roles and responsibilities within the service and the registered manager had the support they needed to manage the service.

There were regular opportunities for staff to provide feedback about people's care. One staff member said, "There is always somebody to speak to if I have any concerns or need some advice." Another member of staff said, "The [registered] manager gives me a lot of advice and teaches me a lot of things. They always check how we are. If I have a problem I inform my supervisor who always helps." Regular team meetings were held. Minutes that we saw confirmed these were well attended and used to raise staff awareness of important issues in addition to sharing information. For example, the team meeting in May 2016 was used to discuss working practices and new staff appointments.

The registered provider had a quality assurance programme in place to check people received good care. This included a system of spot checks on staff working practices, consultation with people during home visits and audits of care records. All the care records we viewed contained copies of regular client visit reports. These considered the person's current care package and whether they were happy with the quality of care they received. For example, one person required a new risk assessment due to a change in their well-being. We saw from the person's care records that this had been completed. Audits of care records included an assessment of

the quality of staff recordings in people's daily care notes. For instance, if staff had recorded the level of support provided and referred to the person's emotional and physical health and well-being for each visit. We saw evidence that these were used to promote learning and continuous improvement of the service. For example, late calls had been identified through spot checks and feedback and the provider had taken steps to make improvements with staff directly and through more effective monitoring systems. This showed that the provider was committed to driving improvements and developing the service to ensure people received good care. The quality manager told us they would continue to develop quality systems to ensure they were

fit for purpose, including satisfaction surveys for people to rate the quality of the care they received.

The registered provider understood their legal responsibilities within their role including notification of significant events to the Care Quality Commission. They told us they attended provider forums with the local authority and network events with other providers. This helped to ensure they kept their knowledge up to date to support their business planning for the service.